

EVENT REGISTRATION FORM

**(INDIVIDUAL or FAMILY)**

# **Island Grove Park**

**CIVIL WAR REENACTMENT**

# **June 10,11,12·, 2022**

**Name of Participant: Name of Unit: Affiliation: NEB LG USV OTHER Circle Type of Participant: Infantry Artillery Cavalry Civilian Minor (under 16) Impression:**

**Best Phone: (. \_, Email:**

**Other Family Members: Name: Type: Name:. Type:**

**Name: Type: Name: Type: \_**

**Name: Type:**

**Name: Type:**

**Sppecial Note:**

* **Set-up will be allowed after 1:OOpm onJune 10**
* **All vehicles will be out of camp by 8:30 am on June 11**
* **THERE WILL BE NO ON-SITE PARKING ALLOWEDI! There is no handicap parking**
* **All vehicles will park behind the police station/highway barn. Shuttles to and from campviii be provided.**
* **Fire extinguisher required at each fire pit.**
* **Walk-On fee is $7 00 cash payable upon entry**

**Registration Fee is $5.00. Walk-on registration will be $7.00.**

**Send registration form and fee to Mike Reimer, 130 Andrew Lane, Hanson, MA. 02341.**

**Please make all checks payable to the 22nd Massachusetts volunteer Infantry.**

**Registration must be received by June 3, 2022.**

**Registration Fee is $5.00. Walk-on registration will be $7.00.**

**Send registration form and fee to Mike Reimer, 130 Andrew Lane, Hanson, MA. 02341.**

**Please make all checks payable to the 22nd Massachusetts volunteer Infantry.**

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Text

Description automatically generated**EVENT REGISTRATION FORM**

**(UNIT FORM)**

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**CIVIL WAR REENACTMENT**

# **June 10,11,12·, 2022**

Name of Unit: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Affiliation: NEB LG USV OTHER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Participants: Infantry\_\_\_\_\_ Artillery\_\_\_\_\_ Cavalry\_\_\_\_\_ Civilian\_\_\_\_\_ Minor (under 16)\_\_\_\_\_ Impression: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit Commander Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Filing Registration Form: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best Unit Phone: (\_\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Person Filing Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Names of Participants:

**Sppecial Note:**

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**Shuttles to and from camp will be provided**

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(list more on the other side of page or include a separate sheet if necessary)

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